Name in Full

Certificate of Death

Richard T. Ball,

Died at Town: St. Georges Island County: St. Mary's MARYLAND

Date 1904 Month: Dec Day: 1 | Age Y.: 79 M.: — D.: — | Native of: Maryland | Occupation: Waterman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Divorced~~ | Number of children living: one

~~Husband~~ ~~Wife~~

Father's Name: George Ball

Mother's Maiden Name: 45

Cause of Death: Primary: Paralysis & Epithelioma

Immediate: Septic infection & exhaustion

How long sick: 16 months

~~Accident, Suicide, Homicide~~

Reported by: T. Hooper Lynch, M.D.

Address: Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Florence Bennett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Great Mills — County:

Date of death: Month: Dec. Day: 19th 1904 — Age: Years: 20 Months: Days:

Sex: Female — Color or Race: Negro — Birthplace: Valley Lee

Occupation: — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Charles Bennett — Father's Birthplace: St Marys Co.

Mother's Maiden Name: Edith Bennett — Mother's Birthplace: " "

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Convulsions — How long: Ten hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Richardson

Address: Great Mills Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Geo. C. Fennick

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Loveville — County: St. Marys

Date of death: Month: Dec — Day: 29 — 1904

Age: Years: 9 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: —

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Peter Fennick — Father's Birthplace

Mother's Maiden Name: Anna Jenkins — Mother's Birthplace

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Acute Nephritis — How long: 4 d

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. B. Johnson

Address: Morganza Md

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Infant Son

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leonardtown — County: St Marys

Date of death: 1904 — Month: Feb — Day: 8 — Age: Years — Months — Days: 1 hour

Sex: Male — Color or Race: White — Birthplace: St. Marys Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: S. H. Leon Guy — Father's Birthplace: St Marys Co

Mother's Maiden Name: Mary Thompson — Mother's Birthplace: St Marys Co

Name of person giving Information: S. H. Leon Guy — How related to deceased: father

CAUSES OF DEATH

Primary: Premature delivery 5½ mos — How long

Immediate — How long: 1 hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. F. Greenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full Cellia Jefferson

Certificate of Death

Died at Town Rising Sun County St. Mary's MARYLAND

Date 1904 Month 12 Day 13 | Age Y. 47 M. - D. - | Native of md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 8

Husband ~~Wife~~ of William Jefferson

Father's Name William Carter | Mother's Maiden Name Anne Carter.

Cause of Death: Primary Rheumatism | How long sick suddon

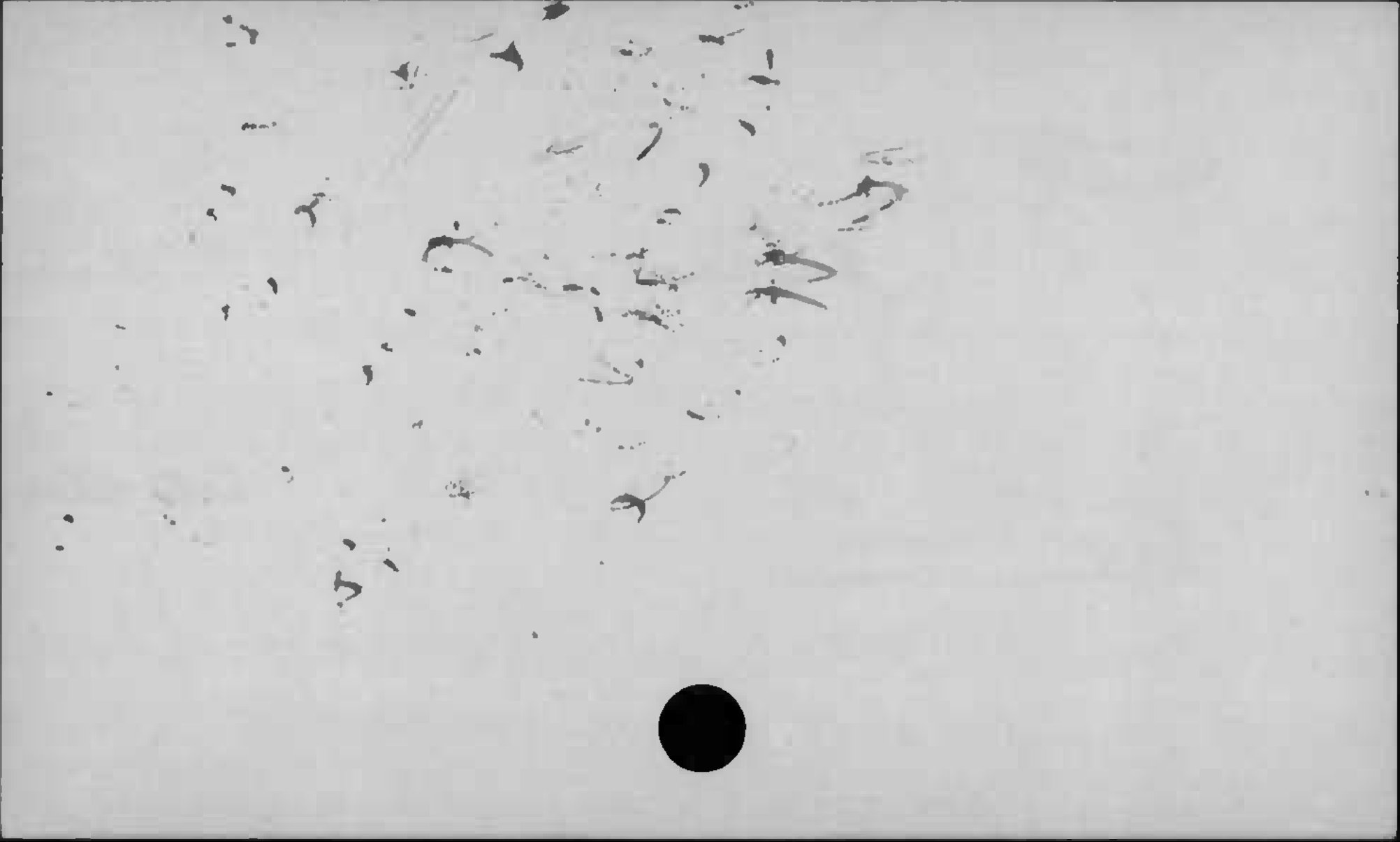
Immediate Heart disease 47 | Accident, Suicide, Homicide

Reported by Robt. V. Palmer

Address Palmers md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998



Name in Full: Maude Long

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: California | County: St Marys

Date of death: Month: 12 | Day: 13 | 1904

Age: Years: 22 | Months | Days

Sex: Female | Color or Race: White | Birthplace: St Marys Co

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: W. F. E. Long | Father's Birthplace: St Marys Co

Mother's Maiden Name: Nellie Jones | Mother's Birthplace: St Marys Co

Name of person giving information: | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long: 20 days

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician: Thos Lynch

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full

Certificate of Death

Jenevere Owens

Died at Town Ridge Springs County St. Mary's MARYLAND

Date 1904 Month 12 Day 17 | Age Y. 41 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 10

~~Husband~~ Wife of George Francis Owens

Father's Name Bailey Cook | Mother's Maiden Name [illegible]

Cause of Death: Primary Chronic Intestitial Nephritis 5 & mos

Immediate Convulsions (Coma) | How long sick

Accident, Suicide, Homicide

Reported by Robt. V. Parran M. D.

Address Valley

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. M. D.

LIBRARY BUREAU, 70808